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F-616

Attorney's Docket No. 45011-271086

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: **Branch** Confirmation No.: **3205**  
 Appl. No.: **10/720,023** Group Art Unit: **3743**  
 Filed: **November 19, 2003** Examiner: **Unassigned**  
 For: **ORTHOTIC APPARATUS AND METHOD FOR USING SAME**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Transmitted herewith is a SUPPLEMENTAL PRELIMINARY AMENDMENT in the above-identified patent application.

- ☒ Applicant claims small entity status. See 37 C.F.R. § 1.27.  
☐ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
TOTAL	* 16	** 20	= 0	X 9=	\$	X 18=	\$
INDEP	* 7	*** 3	= 4	X 43=	\$ 172.00	X 86=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+145=	\$	+290=	\$
				TOTAL ADD FEE \$ 172.00		OR TOTAL	\$

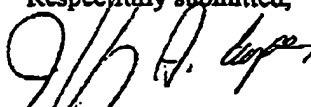
- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment for the number of claims originally filed.

10/28/2004 HMASSEY 00000003 160505 10/20023  
 01 FC:2201 172.00

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- ☒ Please charge my Deposit Account No. 16-0605 in the amount of \$172.00.
- ☐ A check in the amount \$ to cover the additional fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

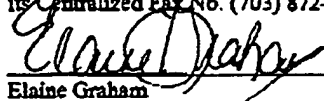


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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the US Patent and Trademark Office at its Centralized Fax No. (703) 872-9306 on the date shown below.

  
Elaine Graham

6-7-04  
Date